

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043251  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 150

**FILED NOV 26 1962**

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		c. CITY OR TOWN <b>Warrensburg</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center, Inc.</b>		d. STREET ADDRESS (If outside, give location) <b>221 W. Polk</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Norma</b> Middle <b>Nichole</b> Last <b>Turner</b>			4. DATE OF DEATH Month <b>November</b> Day <b>22</b> Year <b>1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/22/62</b>	9. AGE (last birthday) Months <b>2</b> Days <b>36</b>	IF UNDER 1 YEAR Hours <b>2</b> Min. <b>36</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>--</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>		11. BIRTHPLACE (City and state or country) <b>Warrensburg, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>--</b>		13b. MOTHER'S MAIDEN NAME <b>Oreta Turner</b>	
14. NAME OF HUSBAND OR WIFE <b>--</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT <b>Oreta Turner, Warrensburg, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Premature 6 months</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ) DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <b>3 hrs</b>	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>9</b> a.m. <b>PM</b> Month, Day, Year <b>11/23/62</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>22 NW (6 PM)</b>	
20f. CITY, TOWN, OR LOCATION <b>Warrensburg, Missouri</b>		20g. COUNTY <b>Johnson</b>		20h. STATE <b>Missouri</b>	
21. I attended the deceased from <b>9 PM</b> to <b>6:30 PM</b> and last saw her <b>alive</b> on <b>11/23/62</b> . Death occurred at <b>9 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Neal Mason</b>		(Degree or title) <b>M.D.</b>		22b. ADDRESS <b>Warrensburg, Missouri</b>	
22c. DATE SIGNED <b>11/23/62</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>		22e. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11/23/62</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	
23d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>Nov 23, 1962</b>		23f. REGISTRAR'S SIGNATURE <b>Savannah Custerfield</b>	
24. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>		24a. ADDRESS <b>Warrensburg, Mo.</b>		24b. DATE RECD. BY LOCAL REG. <b>Nov 23, 1962</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>NOT</sup>embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knot Master, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

IMPORTED FROM \_\_\_\_\_

U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE